

Labor Organization Officer
and Employee Report

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188
Expires 11-30-2002

LM 000302

1. Name and address of person filing KENNETH R. WAGERS JR 1316 BURBANK TR MORROW GA 30260-1006	2. Name and address of labor organization AIRCRAFT MECHANICS FRATERNAL ASSOC 67 WATER ST, SUITE 208A LACONIA NH 03246
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3. Position in labor organization NATIONAL TREASURER	4. Date fiscal year ended DEC 31 2002	5. File number (if assigned) 41935
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name of Employer SOUTHWEST AIRLINES	Address of Employer P.O. BOX 36611, DALLAS, TX 75235-1611
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7. Nature of Interest, Transaction or Income 100 SHARES COMMON STOCK, ACQUIRED July 24, 2002, PURCHASED ON MARKET, TOTAL COST \$1262.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business	Address of business
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9. Business deals with— <input type="checkbox"/> A. Labor Organization <input type="checkbox"/> B. Trust <input type="checkbox"/> C. Employer	10. If 9B or 9C is checked give trust or employer's name
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11. Nature and approximate dollar value of such dealings
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12. Nature of interest held or income received
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13. Name and address of employer <input type="checkbox"/> or consultant <input type="checkbox"/>	14. Nature of payment
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IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: K. R. Wagers at Romulus MI on MARCH 13, 03
City State Date